

2178

FILL OUT ALL BLANKS.

PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Gila
 District Miami
 Town Miami
 Or City Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 74

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 43

Local Registrar's No. _____

No. _____ St. _____
 (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME

Mrs. M. A. Hayes

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race White Indian Black Chinese Mexican
 SINGLE WIDOWED OR DIVORCED

DATE OF BIRTH _____ 191____
 (Month) (Day) (Year)

AGE 47 yrs. mos. days hrs., or min. If less than 1 day _____

OCCUPATION
 (a) Trade, profession or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed or (employer) _____

BIRTHPLACE (State or country) Utah

NAME OF FATHER John Fellschaw

BIRTHPLACE OF FATHER (State or country) Idaho

MAIDEN NAME OF MOTHER Francis Croft

BIRTHPLACE OF MOTHER (State or country) Texas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. Hayes

(Address) _____

PLACE OF BURIAL OR REMOVAL Anna Ariz

DATE OF BURIAL OR REMOVAL July 18 1914

UNDERTAKER Undertaking Co ADDRESS Miami Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1914
 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Feb. 1914 to July 16 1914; that I last saw her alive on 16 1914, and that death occurred on the date stated above at 8 P M. The DISEASE or INJURY causing Death was as follows: Intestinal tuberculosis

(Duration) 3 yrs. 7 mos. days.

Was disease contracted in Arizona? yes

If not, where? _____

CONTRIBUTORY (Duration) _____ yrs. mos. days.

(Signed) B. G. Joy

7/17 1914 (Address) Miami, Ariz

In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

LENGTH OF RESIDENCE At place of death _____ yrs. mos. ds. In Arizona _____ yrs. mos. ds.

Former or Usual Residence _____

Filed July 17 1914 B. G. Joy Local Registrar

Filed July 17 1914 B. G. Joy W.D. County Registrar